



PART B - FEE(S) TRANSMITTAL

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7590

08/06/2002

Nixon & Vanderhye PC
1100 North Glebe Road
8th Floor
Arlington, VA 22201-4714

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/22/364

11/28/2000

Gregory Paul Winter

620-122

5109

TITLE OF INVENTION: SINGLE DOMAIN LIGANDS, RECEPTORS COMPRISING SAID LIGANDS, METHODS FOR THEIR PRODUCTION, AND USE OF SAID LIGANDS AND RECEPTORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	11/06/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
KETTER, JAMES S	1636	536-024330

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Medical Research Council
of The United Kingdom

London, England

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

B.J. Sadoff (Reg. No. 36,663) 11/6/2002

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11/07/2002 KZEWDIE1 00000149 09722364

01 FC:1501

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